

Case Number:	CM15-0016904		
Date Assigned:	02/05/2015	Date of Injury:	03/30/2012
Decision Date:	04/17/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/29/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 62-year-old female, who sustained an industrial injury on 03/30/2012. She has reported low back pain, bilateral knee pain, and bilateral ankle pain. The diagnoses have included right knee meniscal tear, lumbar disc herniation, lumbar radiculitis. Treatment to date has included medications, physical therapy, acupuncture, chiropractic sessions, and right knee arthroscopic surgery. Currently, the injured worker complains of pain in both knees, rated 8/10 on the visual analog scale, with throbbing and buckling; and pain in both ankles, rated 4/10, with throbbing. A treating physician's progress note, dated 06/09/2014, reported objective findings to include bilateral knee tenderness, bilateral ankle tenderness; and tenderness to the lumbar spine with diffuse pain to the lower extremity. Request is being made for chiropractic care of the right knee. Per a PR-2 dated 8/6/2014, the claimant complains of bilateral knee and ankle pain. Surgery has been approved and the claimant is not working. On 01/15/2015 Utilization Review noncertified prescription for Chiropractic care of the right knee. The Official Disability Guidelines were cited. On 01/29/2015, the injured worker submitted an application for IMR for review of Chiropractic care of the right knee. Per a prior review, the claimant has had chiropractic treatment in the past.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Chiropractic care for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 months may be necessary. However, the claimant did already have a chiropractic treatments with no reported functional improvement. In addition, chiropractic therapy is not recommended for the knee. Therefore chiropractic care is not medically necessary.